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uction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paperwo **PATENT APPLICATION FEE DETERMINATION RECORD** Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) SMALL ENTITY NUMBER FILED FOR NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X S OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = x s OR X \$ = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR **TOTAL** CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBLR RATE ADDI-RATE ADDI-ENDMENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEF Total Minus (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHLST m PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT **EXTRA** AFTER PREVIOUSLY TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDM X S OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHE, [\circ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** ENDMENT **PREVIOUSLY** TIONAL TIONAL **AFTER** AMENDMENT FEE PAID FOR FEE Minus Total (37 CFR 1.16(c)) QR X \$ Independent (37 CFR 1,16(b)) Minus X S OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS S . 'E is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS:
The "Highest Number Previously Paid For" (Total or In:
This collection of information is required by 37 CFR 1.16. To information is required by 37 CFR 1.16. To information is required by 37 CFR 1.16. To information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete or plication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or augustions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

278.0060120

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			50					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			50 minus 20=		* 30			X\$ 9=		OR	X\$18=	SHOW
INDEPENDENT CLAIMS			/ minus 3 =		* @			X42=	<u> </u>	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT		•			.140				
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2	מ	+140=		OR	+280=	1280-0
		MENDED					TOTAL		OR	TOTAL OTHER		
		(Column 1)		(Colu	mn 2)	(Column 3))_	SMALL	ENTITY	OR	SWALL	
AWENDWENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 600	Minus	** _	5/0	= /		X\$ 9=		OR	X\$18=	
	Independent	* 3	Minus	***	3			X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	CLAIM			+140=		OR	+280=	
								TOTAL			TOTAL	
)	ADDIT. FEÉ []]	ADDIT. FEE	ك					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	ò	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		<u> </u>	4	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE l	<u> </u>	<u> </u>	ADDIT. FEE	
AWENDWENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
SE QN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
P. S.	Independent	*	Minus	***		<u> </u> =		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=										+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	<u> </u>
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											